

## UNITED STATES DISTRICT COURT, DISTRICT OF NEW MEXICO

**SENTENCING MINUTE SHEET**

CR No.	<b>09-904 LH</b>			USA vs.	Torres-Gomez			
Date:	<b>3/31/10</b>			Name of Deft:	<b>Gabriel Torres-Gomez</b>			
Before the Honorable		C. LeRoy Hansen						
Time In/Out:	<b>10:06 a.m. - 10:12 a.m.</b>			Total Time in Court (for JS10):	6 minutes			
Clerk:	<b>J. Gonzales</b>			Court Reporter:	Thomas Garrett			
AUSA:	<b>Norman Carins</b>			Defendant's Counsel:	Jean McCray			
Sentencing in:	<b>Albq.</b>			Interpreter:	Michael Kagan			
Probation Officer:	<b>Rhiannon Work</b>			Sworn?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Convicted on:	<input checked="" type="checkbox"/>	Plea	<input type="checkbox"/>	Verdict	As to:	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
If Plea:	<input checked="" type="checkbox"/>	Accepted	<input type="checkbox"/>	Not Accepted	Adjudged/Found Guilty on Counts:			
If Plea Agreement:	<input checked="" type="checkbox"/>	Accepted	<input type="checkbox"/>	Not Accepted	<input type="checkbox"/>	No Plea Agreement	Comments:	
Date of Plea/Verdict:	3/16/10			PSR:	<input checked="" type="checkbox"/>	Not Disputed	<input type="checkbox"/>	Disputed
PSR:	<input checked="" type="checkbox"/>	Court Adopts PSR Findings			Evidentiary Hearing:	<input checked="" type="checkbox"/>	Not Needed	<input type="checkbox"/>
Exceptions to PSR:								
<b>SENTENCE IMPOSED</b>				Imprisonment (BOP): <b>343 days, or time served</b>				
Supervised Release:	3 years unsupervised			Probation:			500-Hour Drug Program	
<b>SPECIAL CONDITIONS OF SUPERVISION</b>								
<input checked="" type="checkbox"/>	No re-entry without legal authorization			<input type="checkbox"/>	Home confinement for _____ months _____ days			
<input type="checkbox"/>	Comply with ICE laws and regulations			<input type="checkbox"/>	Community service for _____ months _____ days			
<input checked="" type="checkbox"/>	ICE to begin removal immediately or during sentence			<input type="checkbox"/>	Reside halfway house _____ months _____ days			
<input type="checkbox"/>	Participate in substance abuse program/drug testing			<input type="checkbox"/>	Register as sex offender			
<input type="checkbox"/>	Participate in mental health program			<input type="checkbox"/>	Participate in sex offender treatment program			
<input type="checkbox"/>	No alcohol/liquor establishments			<input type="checkbox"/>	Possess no sexual material			
<input type="checkbox"/>	Submit to search of person/property			<input type="checkbox"/>	No computer with access to online services			
<input type="checkbox"/>	No contact with victim(s) and/or co-Deft(s)			<input type="checkbox"/>	No contact with children under 18 years			
<input type="checkbox"/>	No entering, or loitering near, victim's residence			<input type="checkbox"/>	No volunteering where children supervised			
<input type="checkbox"/>	Provide financial information			<input type="checkbox"/>	Restricted from occupation with access to children			
<input type="checkbox"/>	Grant limited waiver of confidentiality			<input type="checkbox"/>	No loitering within 100 feet of school yards			
OTHER:								
Fine:	\$	<b>0.00</b>			Restitution:	\$	<b>0.00</b>	
SPA:	\$	100.00(waived) (\$100 as to each Count)			Payment Schedule:	<input type="checkbox"/>	Due Imm.	<input checked="" type="checkbox"/>
OTHER:								
<input type="checkbox"/>	Advised of Right to Appeal		<input checked="" type="checkbox"/>	Waived Appeal Rights per Plea Agreement				
<input checked="" type="checkbox"/>	Held in Custody		<input type="checkbox"/>	Voluntary Surrender				
Recommended place(s) of incarceration:								
Dismissed Counts:								
OTHER COMMENTS		Ms. McCray requests that Court accept plea agreement. Mr. Cairns waives SPA.						